

REQUEST FOR EMPLOYER REIMBURSEMENT FORM

Name of Board Member: _____

Name of State, School, or
Public Agency Employer: _____

I request that the CalPERS' Board approve reimbursing my employer for the direct and reasonable costs of employing a replacement for me while I am fulfilling my responsibilities and duties as an elected CalPERS Board member.

These costs are itemized as follows:

- 1.
- 2.
- 3.
- 4.

I therefore request that the Board approve reimbursement to my employer in the amount of \$_____ to compensate my employer for the direct and reasonable costs of employing a replacement while I fulfill my responsibilities and duties as an elected CalPERS Board member.

Signature

Date

EMPLOYER CERTIFICATION OF REIMBURSEMENT AMOUNT:

I hereby certify that I am an authorized representative for the employer of the CalPERS Board member named above. I acknowledge that by signing this form, I am certifying that the amount of reimbursement requested constitutes the direct and reasonable costs incurred by the employer in replacing this Board member.

Signature of Employer Representative

Date

Name Title